

## **477-000-040 – State Review Team Information**

### **Requirement of Medical Information**

Existence and permanence of an impairment must be determined from the findings reported by the physician following a diagnostic examination of the applicant. The report may also be made from information in existing medical records, such as those of the physician or of a clinic or hospital in which the applicant has been a patient if the treatment received was directly related to the disability impairment, and the applicant has been treated by the physician or had been a patient in the clinic or hospital within the year preceding the application or reapplication. The SRT will accept supporting medical documentation 12 months prior to the application date. However, there must be medical information for the time period being considered by the SRT and current information from an examination which occurred within three months of the application.

If the applicant has requested consideration of an earlier onset of disability than the month of review by the SRT, medical information pertinent to that time period must be provided.

### **SRT Decision**

The SRT considers the medical and social information submitted and determines if the applicant is disabled or blind. The SRT shall report their findings via Form DM-5R.

### **Review of Disability**

Information for the review of disability must be submitted to the SRT before the date specified on Form DM-5R. New medical and social information shall be provided and any additional medical information requested on the original Form DM-5R in order for the SRT to complete redetermination of disability.

If the client is disabled according to SSI but is no longer eligible for SSI because of excess income and/or resources, the client is considered disabled according to SSI standards for a period of 12 months following the month of the last SSI payment as long as all other eligibility factors are met (e.g. income, resources). To continue AABD/MA at the end of the 12-month period, a review of disability by SRT is needed.

If the SRT has determined disability for the client and SSI later determines that the client is not disabled due to lack of severity or the ability to engage in substantial gainful activity, and if the client has filed an appeal with SSI, the client must be considered disabled through the review period established by the SRT on the most current Form DM-5R. If no appeal has been filed and the worker is closing the case before the end of the current SRT period, the closing notice must tell the client to contact his/her DHHS immediately if an appeal is filed. This is so the Medicaid case can be reopened for the remainder of the SRT period. At the end of the current review period, the worker closes the case without referring it to the SRT.

### **Review**

When change occurs which may raise questions affecting the disability status and continued medical eligibility, SRT shall be notified.

**Payment for Examination and Transportation:** The cost of medical examinations to determine initial or continuing eligibility may not exceed the established fee. The cost of a medical examination to determine eligibility is an allowable Title XIX expenditure if the individual is eligible for medical benefits on the date of the examination. If the initial application is rejected, the cost of the examination must be paid from administrative funds. The cost of transportation necessary to secure the examination, and subsistence expense when it is necessary for the individual to secure the required services away from home are paid from administrative funds if the application is rejected. If the application is approved, the cost of transportation and subsistence expense is allowed in the budget as a special need.